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## POWER OF ATTORNEY OR

REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND

CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/774,231
Filing Date	February 6, 2004
First Named Inventor	Ajit Karmaker et al.
Title	Method of Manufacturing Dental Posts, Obtur
Art Unit	
Examiner Name	
Attorney Docket Number	96392

A Power of Attorney is submitted herewith.  OR  In hereby appoint Practitioner(s) associated with the following Customer Number as myloru attorney(s) or agent(s) to prosecute the application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  OR hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioner(s) Name  Practitioner(s) Name  Practitioner(s) Name  Registration Number  Registration Number  Registration Number  Practitioner(s) Name  Need to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioner(s) Name  Need to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioner(s) Name  Registration Number  Registration Number  Registration Number  Registration Number  Number  Number sassociated with the above-mentioned Customer Number.  OR  Film or  Individual Name  Ms. Sandra Swain  Address  Sybron Dental Specialities, Inc.  11717 West Collins Avenue  City  Orange  State  Sybron Dental Specialities, Inc.  11717 West Collins Avenue  City  Orange  Applicant/Inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.72(b) (From PTO/S289) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (From PTO/S289) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (From PTO/S289) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (From PTO/S289) submitted herewith or filed on required. Submit multiple forms if more than one signature is required, see below.  The legical trace of all the inventors or assignaces of record of the entire interest or their representative(c) are required. Submit multiple forms if more than one signature is required, see below.	I hereby revoke all previous powers of attorney given in the above-identified application.								
hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.    The provided of the Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.    Practitioner(s) Name	A Power of Attorney is submitted herewith.								
City	Number as my/o identified above,	hereby appoint Practitioner(s) associated with the following Custome Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Pate			26875				
to transact all business in the United States Patent and Trademark Office connected therewith:  Practitioner(s) Name  Registration Number  The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Firm or individual Name  Ms. Sandra Swain  Address  Sybron Dental Specialities, Inc.  1117 West Collins Avenue  Cty  Orange  State  CA  Zip 92867  Country  U.S.  Talephone  714-516-7694  Email  I am the:  Applicant/Inventor.  OR  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Address  Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on  Address Statement under 37 CFR 3.73(b) (F	OR								
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:  OR  Ms. Sandra Swain  Address  Sybron Dental Specialities, Inc.  1717 West Collins Avenue  City  Orange State  CA  Zip 92867  Country  U.S.  Telephone  Tale 3716  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB49) submitted herewith or filed on  SIGNATURE of Applicant or Assignee of Record  Signature  Signature  Sieven M. Paskin  Telephone	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:								
The address associated with the above-mentioned Customer Number:  OR  Interpretation of the address associated with Customer Number:  OR  Ms. Sandra Swain  Address  Sybron Dental Specialities, Inc.  1717 West Collins Avenue  City  Orange State  CA  Zip 92867  Country  U.S.  Telephone  714-516-7694  Email  I am the:  Applicant/Inventor.  OR  Signature of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on  SIGNATURE of Applicant or Assignee of Record  Signature  Signature  Sieven IM. Paskin  Telephone  Title and Company  Vice President of Pentron Clinical Technologies, LLC  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(c) are required. Submit multiple forms if more than one stignature is required, and below:	F	Practitioner(s) Name		Registration Number					
The address associated with the above-mentioned Customer Number:  OR  Interpretation of the address associated with Customer Number:  OR  Ms. Sandra Swain  Address  Sybron Dental Specialities, Inc.  1717 West Collins Avenue  City  Orange State  CA  Zip 92867  Country  U.S.  Telephone  714-516-7694  Email  I am the:  Applicant/Inventor.  OR  Signature of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on  SIGNATURE of Applicant or Assignee of Record  Signature  Signature  Sieven IM. Paskin  Telephone  Title and Company  Vice President of Pentron Clinical Technologies, LLC  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(c) are required. Submit multiple forms if more than one stignature is required, and below:									
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The address associated with the above-mentioned Customer Number:  OR  Interpretation of the address associated with Customer Number:  OR  Ms. Sandra Swain  Address  Sybron Dental Specialties, Inc.  1/17 West Collins Avenue  City Orange State CA Zip 92867  Country U.S.  Telephone 714-516-7694 Email  I am the:  Applicant/Inventor.  OR  Signature of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on  SIGNATURE of Applicant or Assignee of Record  Signature  Signature Steven M. Paskin Telephone  Title and Company Vice President of Pentron Clinical Technologies, LLC  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(c) are required. Submit multiple forms if more thun one stignature is required, submit multiple forms if more thun one stignature is required.									
OR  The address associated with Customer Number: OR  Firm or Individual Name  Ms. Sandra Swain  Address  Sybron Dental Specialities, Inc. 1717 West Collins Avenue  City  Orange  State CA  Zip 92867  Country  U.S.  Telephone  714-516-7694  Email  Applicant/Inventor. OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB46) submitted herewith or filed on  Signature  Signature  Signature  Signature  Signature  Vice President of Pentron Clinical Technologies, LLC  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(c) are required. Submit multiple forms if more than one signature is inquired, see below:	· · · · · · · · · · · · · · · · · · ·								
The address associated with Customer Number:  OR  Firm or individual Name Ms. Sandra Swain  Address Sybron Dental Specialities, Inc. 1717 West Collins Avenue  City Orange State CA Zip 92867  Country U.S.  Talephone 714-516-7694 Email    I am the:  Applicant/Inventor.  OR  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Telephone Signature Statement under 37 CFR 3.73(b) (Form PTO/									
OR    Sylfron Or Individual Name   Ms. Sandra Swain		e eleted with Customer Number							
Ms. Sandra Swain   Ms. Saldra   Ms. Sald									
City Orange State CA Zip 92867  Country U.S. Telephone 714-516-7694 Email  Iam the: Applicant/Inventor. OR Assignee of record of the entire interest. Sae 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Signature Signature Steven M. Paskin Telephone  Title and Company Vice President of Pentron Clinical Technologies, LLC MOTE: Signature of all the inventors or assignees of record of the entire interest of their representative(c) are required. Submit multiple forms if more than one stignature is required, submit multiple forms if more than one stignature is required, see below.		Ms. Sandra Swain							
Country U.S.  Telephone 714-516-7694 Email  I am the:  Applicant/Inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB49) submitted herewith or filed on  Signature Signature of Applicant or Assignee of Record  Signature Date  Signature Title and Company Vice President of Pentron Clinical Technologies, LLC  MOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(c) are required. Submit multiple forms if more than one signature is required, see below.	Address								
Telephone 714-516-7694 Email    am the:   Applicant/inventor.   OR Assignee of record of the entire interest. See 37 CFR 3.71.	City	Orange	Sta	ite (	CA	Zip 928	37		
am the:									
Applicant/Inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SBA9) submitted herewith or filed on_ Signature  Signature Of Date  Vice President of Pentron Clinical Technologies, LLC  Name Vice President of Pentron Clinical Technologies, LLC  Note: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		714-516-7694	Em	nail					
Statement under 37 CFR 3.73(b) (Form PTO/SB296) submitted herewith or filed on	Applicant/Inventor.  OR								
Signature Steven M. Paskin Telephone Title and Company Vice President of Pentron Clinical Technologies, LLC  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:									
Name Steven M. Paskin Telephone Title and Company Vice President of Pentron Clinical Technologies, LLC Wite Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithms to required, see below.	SIGNATURE of Applicant or Assignee of Record								
Title and Company Vice President of Pentron Clinical Technologies, LLC  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature	Sty/2			Date	4/27/1			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name					., ,			
signature is required, see below*.									
*Total of forms are submitted.									
	*Total of	forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the URFT to processing an application. Certificities by its processing of the processing of t

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## STATEMENT UNDER 37 CFR 3.73(b)

Applicant/F	atent Owr	er: Ajit Karmaker et al.						
		t No.: 7,331,789		Filed/Issue Date: February 19, 2008				
Titled: Method of Manufacturing Dental Posts, Obturators and Restorations								
Pentron C	linical Te	chnologies, LLC	a	Corporation				
(Name of Assignee)			(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.					
states that	it is:							
1. 🗵	the assign	nee of the entire right, title, and inter	est i	in;				
2.	an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is							
3.	the assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made)							
the patent application/patent identified above, by virtue of either:								
A. 🗌	An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy therefore is attached.							
OR								
В. 🗙			ent a	application/patent identified above, to the current assignee as follows:				
	1. From:	Inventors		To: Pentron Clinical Technologies, LLC				
				ited States Patent and Trademark Office at e 0661, or for which a copy thereof is attached.				
	2. From:			To:				
		The document was recorded in the	Uni	ited States Patent and Trademark Office at				
		Reel, F	rame	e, or for which a copy thereof is attached.				
	3. From:			То:				
		The document was recorded in the	Uni	ited States Patent and Trademark Office at				
		Reel, F	rame	e, or for which a copy thereof is attached.				
	Addition	al documents in the chain of title are	list	ed on a supplemental sheet(s).				
As i	required by	7 37 CFR 3.73(b)(1)(i), the docume 7 is being, submitted for recordation	ntar	y evidence of the chain of title from the original owner to the assignee was, suant to 37 CFR 3.11.				
[NC acc	TE: A sep ordance w	arate copy (i.e., a true copy of the ith 37 CFR Part 3, to record the ass	origi ignn	inal assignment document(s)) must be submitted to Assignment Division in ment in the records of the USPTO. <u>See</u> MPEP 302.08]				
The under	signed (wh	ose title is supplied below) is autho	rize	d to act on behalf of the assignee.				
Sie	gnature	<i>b</i>		Date				
Steven M				Vice President				
		ned Name	_	Title				

The cofficient of bitomation is request by 37 CFR 17(b). The stormation is required to obtain or retain a benefit by the public vision is to life (and by the USPTO to process) an application. Confidentiable is governed by 35 US. CT. 22 and 37 CFR. 111 and 11.4. This collection is estimated to lake IZ instantant of base is marriamed to lake IZ instantant of base in the IZ instantant of base IZ